

Attorney Docket No. 179.210US

USPTO FAX NO.: 703-872-9306

ATTENTION: Examiner Gerald G. Leffers Jr.  
TELEPHONE NUMBER: 703-308-6232RECEIVED  
CENTRAL FAX CENTER

DEC 01 2003

## OFFICIAL COMMUNICATION

FOR THE PERSONAL ATTENTION OF

EXAMINER GERALD G. LEFFERS JR.

## CERTIFICATION OF FACSIMILE TRANSMISSION

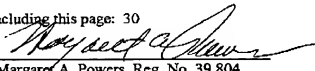
I hereby certify that the following documents in re Application of Juha Punnonen et al., Application No. 09/886,942, filed June 21, 2001, for NOVEL CHIMERIC PROMOTERS is being transmitted to Group 1600 of the US Patent and Trademark Office to USPTO facsimile phone number 703-872-9306 on the date shown below.

Documents Attached

1. Amendment (25 pages)
2. Facsimile Transmitted Form (1 page)
3. Petition to extend the period for response for one months (1 page and 1 duplicate page)
5. Fee Transmittal Form (1 page)

Number of pages being transmitted, including this page: 30

Dated: December 1, 2003

  
Margaret A. Powers, Reg. No. 39,804**PLEASE CONFIRM RECEIPT OF THIS PAPER BY  
RETURN FACSIMILE AT (650) 298-5446**

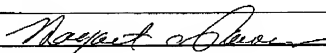
Maxygen, Inc.  
515 Galveston Drive  
Redwood City, CA 95064  
Telephone: 650-298-5300  
Facsimile: 650-298-5446

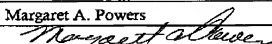
Please type a plus sign (+) inside this box → **+**Approved for use through 09/30/2000. OMB 0651-0031  
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/886,942	
	Filing Date	June 21, 2001	
	First Named Inventor	Juha Punnonen	
	Group Art Unit	1636	
	Examiner Name	Gerald G. Jeffers Jr.	
Total Number of Pages in This Submission	30	Attorney Docket Number	179.210US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):
Authorization to Charge Deposit Account Please charge Deposit Account No. 50-0990 for any additional fees associated with this paper or during the pendency of this application, including any extension of time for consideration of the documents enclosed		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Margaret A. Powers, Reg. No. 39804
Signature	
Date	December 1, 2003

CERTIFICATE OF FACSIMILE TRANSMISSION	
I hereby certify that this correspondence is being transmitted by facsimile to Group 1600 of the United States Patent and Trademark Office, addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:	
Typed or printed name	Margaret A. Powers
Signature	
Date	December 1, 2003

PTO/SB/17 (01-03)

Approved for use through 04/30/2003. CMB 0651-0002  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL

## for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT **(S) 110.00**

## Complete if Known

Application Number **09/886,942**  
 Filing Date **June 21, 2001**  
 First Named Inventor **Juha Punnonen**  
 Examiner Name **Gerald G. Jeffers Jr.**  
 Art Unit **1636**  
 Attorney Docket No. **179.210US**

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None
☒ Deposit Account

50-0990

Maxygen, Inc.

The Commissioner is authorized to: forward as that apply

☒ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) during the pendency of this application☒ Charge fee(s) indicated below, except for the filing fee

to the accelerated deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Code (S)	Small Entity Code (S)	Fee Description	Fee Paid
1001 150	2001 375	Utility filing fee	
1002 350	2002 165	Design filing fee	
1003 520	2003 260	Planting fee	
1004 750	2004 375	Rescue filing fee	
1005 180	2005 80	Provisional filing fee	
SUBTOTAL (1) <b>(S) 000.00</b>			

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee From	Fee Paid
Independent Claims	30** =	X	
Multiple Dependent Claims	5** =	X	

## Large Entity Small Entity

Fee Code (S)	Fee Code (S)	Fee Description
1202 18	2202 8	Claims in excess of 20
1201 84	2201 42	Independent claims in excess of 3
1203 280	2203 140	Multiple dependent claim, if not paid
1204 84	2204 42	** Rescued independent claims over original patent
1205 18	2205 9	** Rescued claims in excess of 20 and over original patent
SUBTOTAL (2) <b>(S) 000.00</b>		

\*\*For Number previously paid, if greater, for Rescues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

## Large Entity Small Entity

Fee Code (S)	Fee Code (S)	Fee Description	Fee Paid
1001 130	2051 65	Surcharge - late filing fee or oath	
1050 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SR prior to Examiner action	
1805 1,940*	1805 1,940*	Requesting publication of SR after Examiner action	110.00
1251 110	2251 55	Extension for reply within first month	
1252 410	2252 205	Extension for reply within second month	
1253 930	2253 465	Extension for reply within third month	
1254 1,450	2254 725	Extension for reply within fourth month	
1256 1,970	2256 985	Extension for reply within fifth month	
1401 320	2401 160	Notice of Appeal	
1402 320	2402 160	Filing a brief in support of an appeal	
1403 280	2403 140	Request for oral hearing	
1451 1,510	2451 755	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1458 1,300	2458 650	Petition to revive - unintentional	
1501 1,300	2501 650	Utility issue fee (or reissue)	
1502 470	2502 235	Design issue fee	
1503 630	2503 315	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(g)	
1808 180	1808 180	Submission of information Disclosure Sheet	
8021 40	8021 40	Recommending each patent assignment per priority (times number of properties)	
1809 750	2809 375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 750	2810 375	For each additional invention to be examined (37 CFR 1.129(b))	
1801 750	2801 375	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	

Omer fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **(S) 110.00**

## SUBMITTED BY

Name (Print/Type) **Margaret A. Powers**Registration No. **39,804**

## Complete if applicable

Telephone **650-298-5809**

Signature

*Margaret Powers*

Date

**12/01/2003**

## Certificate of Facsimile Transmission under 37 C.F.R. §1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, facsimile number 703-872-9306 on this date: December 1, 2003

Typed or Printed Name **Margaret A. Powers**

Signature

*Margaret Powers*

Date

**12/01/2003**

